

ANNUAL REPORT  
OF THE  
COMMISSION ON MENTAL HEALTH AND ADDICTION



December, 2013

# INDIANA LEGISLATIVE COUNCIL

## 2013

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# COMMISSION ON MENTAL HEALTH AND ADDICTION

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### Staff

Steve Wenning  
Attorney for the Commission

Chris Baker  
Fiscal Analyst for the Commission

## **I. STATUTORY AND LEGISLATIVE COUNCIL DIRECTIVES**

The Indiana General Assembly enacted legislation (IC 12-21-6.5-8) directing the Commission to do the following:

- (1) Study and evaluate the funding system for mental health and addiction services in Indiana.
  - (2) Review and make specific recommendations regarding the provision of mental health and addiction services delivered by community providers and state operated hospitals. The review and recommendations must cover services to all age groups including children, youth, and adults.
  - (3) Review and make recommendations regarding any unmet need for public supported mental health and addiction services:
    - (A) in any specific geographic area; or
    - (B) throughout Indiana.
- In formulating recommendations, the commission shall consider the need, feasibility, and desirability of including additional organizations in the network of providers of mental health and addiction services.
- (4) Monitor the implementation of managed care for a person with mental illness or an addictive disorder that is paid for in part or in whole by the state.
  - (5) Make recommendations regarding the commission's findings to the appropriate division or department of state government.

The Legislative Council assigned the following additional responsibilities to the Commission for the 2013 interim:

- A. The study topics assigned to the Commission by SEA 246-2013, SECTION 9 (addiction treatment).
- B. The study topics assigned to the Commission by SEA 267-2013, SECTION 26 (children's social, emotional, and behavioral health plan).
- C. The study topics assigned to the Commission by SEA 267-2013, SECTION 27 (mental health crisis intervention teams).
- E. The study topics assigned to the Health Finance Commission by SEA 246-2013, SECTION 10 (use of methadone and opioids in treatment programs and clinical settings).
- F. The study topics assigned to the INSPECT Interim Study Committee by HEA 1465-2013, SECTION 3 (enhancement of the INSPECT program).

## **II. INTRODUCTION AND REASONS FOR STUDY**

The Commission met to carry out its statutory responsibilities under IC 12-21-6.5 and responsibilities assigned by Legislative Counsel Resolution 13-01.

### **III. SUMMARY OF WORK PROGRAM**

The Commission met four times at the State House during the 2013 interim. Testimony on the following topics was received:

August 7, 2013:	Mental health crisis intervention teams The children's social, emotional, and behavioral health plan
September 9, 2013:	Prescription drug abuse
October 1, 2013:	Use of methadone and opioids in treatment programs and clinic settings
October 21, 2013:	Prescription Drug Abuse Task Force Update INSPECT program Final report and recommendations

### **IV. SUMMARY OF TESTIMONY**

Meeting minutes for the Commission can be accessed from the General Assembly Homepage at:  
<http://www.in.gov/legislative/>

The Commission heard testimony from medical and mental health professionals, members of various law enforcement agencies, representatives of state agencies, representatives from various associations, private citizens, and other interested parties. An overview of their testimony is presented below.

#### **Mental Health Crisis Intervention Teams (CITs)**

Lt. Tony Maze, Fort Wayne Police Department, provided information concerning the Fort Wayne community's experience establishing and operating CITs. He noted that the number of individuals with a mental illness who are arrested is down considerably and more individuals are receiving treatment.

Sgt. Robert Hipple, CIT Coordinator, Indianapolis Metropolitan Police Department, talked about the Indianapolis Metropolitan Police Department's (IMPD) experience with the CIT training program and the Buddying pre-crisis program.

Marianne Halbert, National Alliance on Mental Illness (NAMI) of Indiana, discussed CIT training programs, where CIT programs have been established, and some of the additional costs and needs of the CIT program. She proposed that the state expand the number of CIT programs and establish a statewide coordinator to oversee the training programs.

Mike Woody, President, CIT International, provided information on the need for additional police training in proper techniques to defuse a situation with a mentally ill individual, the burden of costs for rural counties, and Virginia's CIT program.

Kurt Carlson, President & CEO, Otis R. Bowen Center for Human Services, presented information on the Bowen Center's training program that is based on a rural model for CITs.

Michael Kempf, NAMI of Indiana, spoke about the challenges that face rural counties with their limited treatment options.

Joseph Venable, NAMI of Indiana, spoke about mental illness as a treatable condition that is unlikely to improve while an individual is in jail.

### **The Children's Social, Emotional, and Behavioral Health Plan (529 Plan).**

Stephen C. McCaffrey, President and Chief Executive Officer, Mental Health America of Indiana, provided the Commission with background information concerning the 529 Plan and asked that an interagency task force be created to reexamine the plan and report back to the Commission on any needed changes.

Kevin Moore, Director, Division of Mental Health and Addiction (DMHA), presented an overview of the work done at DMHA to meet the goals of the 529 Plan. He stated that access to treatment in the juvenile justice setting has remained a challenge. He also spoke on several DMHA programs to reach children.

John Barnes, Director of Legislative Affairs, Indiana Department of Education, supported the reexamination of the 529 Plan.

Joshua Sprunger, Executive Director, NAMI-Indiana, Connections to Care Workgroup, stated that there is a need to create a statewide, evidence-based treatment system of care for youth who are identified with mental health disorders and a pilot program to plan a collaboration consortium for purchasing services for all children who receive services. A problem with the existing 529 Plan is that it lacks specific recommendations.

Mark St. John, Indiana Family Network & Indiana Coalition for Human Services, supported efforts to review the 529 Plan and realign children's services.

Cathy Graham, Executive Director, Indiana Association of Residential Child Care Agencies, commended DMHA and the Indiana Department of Child Services for the work they have done together.

### **Prescription Drug Abuse**

Greg Zoeller, Attorney General, Office of the Indiana Attorney General, spoke on the widespread abuse of prescription drugs and the work and findings of the Prescription Drug Abuse Task Force.

Lindsay M. Harmon, M.D., Indiana University Health - Methodist Hospital, testified concerning her experiences as an emergency room physician dealing with patients who abuse pain medicines.

Stephen McCaffrey, President/Chief Executive Officer, Mental Health America of Indiana, spoke on the need for treatment and therapy for responding to the prescription drug abuse problem. He also spoke about the need for additional addiction field professionals.

R. Andrew Chambers, M.D., Associate Professor of Psychiatry, Indiana University School of Medicine, presented information concerning substance use disorders and the work force shortages in psychiatry, addiction psychiatry, and behavioral health.

Zoe Frantz, Program Director, Terre Haute Regional Hospital, shared her experience of trying to help her brother receive detoxification services and spoke on the problem with existing Medicaid rules that do not allow addicted people to receive addiction treatment services.

Larry Humbert, Executive Director, Indiana Perinatal Network, spoke on the need to verbally screen pregnant patients for alcohol, tobacco, and drug use, educate physicians on how to manage the treatment of drug addicts during pregnancy, and expand education and support services for pregnant women.

John Ellis, M.D., Indiana State Medical Association (ISMA) Alternate Trustee, Member ISMA Task Force on Prescribing Pain Medications, talked about the ISMA resolution supporting drug testing for pregnant women, current drug addiction screening tools, and further education of physicians concerning the use of drugs during pregnancy.

James Ryser, MA, LMHC, Program Coordinator, Chronic Pain Rehabilitation Program, Indiana University Health – Methodist Hospital, discussed his personal experiences with drug addiction and treatment and his observations as a drug counselor on the treatment of pain. He also noted that addicts need to have access to treatment, but most people do not have the resources to pay for addiction treatment.

Marty Cangany, MSN, RN, ACNS-BC, talked about her son's death from an overdose of methadone, statistics concerning national methadone deaths, and recommendations concerning prescription drug abuse.

Andrea Hern, Division of Mental Health and Addiction (DMHA), Family and Social Services Agency, provided the Commission with information on DMHA's responsibilities, funding, addiction and mental health providers, and Medicaid coverage for persons with an addiction.

Natalie Robinson, Education Program Director, Office of the Attorney General, spoke concerning legislative recommendations on prescription drug epidemic issues by the Indiana Prescription Drug Abuse Prevention Task Force, specifically: the escalating problem with neonatal abstinence syndrome (NAS); the shortage of treatment available for mental health and addiction issues; and the need to enhance the INSPECT program. She explained Tennessee's Safe Harbor law, which encourages pregnant women who are addicted to prescription pain medicines to seek treatment during their pregnancy by allowing them to receive care without risking loss of custody of their newborn child. The Task Force's recommendations concerning addictions included: requiring NAS data to be reported to the Indiana State Department of Health (ISDH); expanding prenatal care and treatment services for pregnant women with addictions to controlled substances; requiring ISDH to build a foundation for more education and training on NAS for physicians and treatment providers, and to establish a partnership to allow for seamless prenatal care for pregnant women with addictions; and enhancing the student loan repayment program for mental health and addiction professionals.

## **Use of Methadone and Opioids**

Kevin Moore, Division of Mental Health and Addiction (DMHA), provided information concerning Indiana's state regulated Opioid Treatment Program (OTP) clinics, including the number, age, and gender of the patients treated in 2012. Mr. Moore stated that continuum of care is important and that OTP clinics fill a niche in the state for the treatment of addiction. He also

discussed admission requirements, patient testing, cost of medications, and take home medications.

Dr. Leslie Hulvershorn, Deputy Medical Director, DMHA, provided a history of methadone, including its uses to treat addiction and treat pain. She also discussed the pros and cons of the use of methadone, buprenorphine, and naltrexone for addiction treatment and the risks of stopping the use of opiates and detoxing during a pregnancy.

Dr. Eric Wright, IUPUI, discussed the rise in heroin abuse and the use of medication in addiction treatment. He stated that treatment is cost effective and recommended that a comprehensive opiate treatment policy be established for Indiana and that the current statutory ban on new OTP clinics be removed.

Tim Bohman, President of Indiana Association for the Treatment of Opioid Dependency, spoke about the regulations to enroll new patients, and the various audits the clinics. He talked about how methadone eliminates opiate cravings, reduces or eliminates withdrawal symptoms, and blocks receptors so that an individual cannot get high. He stated that 31 states fund methadone treatment for addiction through the state's Medicaid program but that Indiana does not.

Dean Babcock, Midtown Community Health Center, discussed drug abuse trends that have changed over the years, including the effects with more prescription drugs starting the addiction and with the average population age decreasing by ten years.

R. Andrew Chambers, M.D., IU School of Medicine, provided a history of methadone and discussed the efficacy of methadone for opiate addicts and to treat pain. He presented several problems with Indiana's current methadone treatment infrastructure. He made recommendations to: (1) require health insurance coverage for methadone treatment for opiate addiction; (2) expand methadone treatment programs that are in not-for-profit full service treatment centers; and (3) require physicians prescribing methadone in treatment programs to be board certified psychiatrists.

David Waters, pharmacist, discussed the drugs Subutex, Suboxone, and methadone. He relayed some troubling experiences he has had at the pharmacy in receiving prescriptions for these drugs. Mr. Waters discussed federal and state regulations concerning the prescribing of drugs and monitoring. He noted a sharp increase in the use of Subutex and Suboxone over the past five years and believes the office-based non-program practitioner is enabling the sharp increase in opiate use that is detrimental to public safety. Mr. Waters made recommendations to: (1) prohibit the use of Subutex and Suboxone for the treatment of pain and limit sale of these drugs; (2) require registration of non-program practitioners; (3) require a practitioner to file a treatment plan; (4) limit a non-program practitioner from treating a patient using these drugs; (5) establish detoxification and cessation as the outcome of treatment; and (6) require patients to enroll in a well-regulated opioid treatment program that would monitor the patient.

Marty Cangany, MSN, discussed statistics concerning overdoses and stated that abuse of methadone is an epidemic. Ms. Cangany distinguished between the use of methadone to treat pain versus the use to treat addiction. Ms. Cangany spoke about her experience with her son's overdose on methadone.

Coby Smith talked about his experience being treated at an OTP clinic.

Kelly Cuellar talked about her experience as a mother of a son who was successfully treated at an OTP clinic.

Mike Rinebold, ISMA, provided information on a resolution ISMA is supporting concerning



screening and treatment for pregnant women who are addicted. He stated that ISMA supports screening instead of mandatory drug testing.

## **INSPECT Program**

Lindsay M. Harmon, M.D., Indiana University Health - Methodist Hospital, stated that the INSPECT program needs to have a shorter lag time from when information is entered to when it is available to physicians.

James Ryser, MA, LMHC, Program Coordinator, Chronic Pain Rehabilitation Program, Indiana University Health – Methodist Hospital, spoke about the need for the INSPECT program to be available to clinical addiction counselors.

Natalie Robinson, Education Program Director, Office of the Attorney General, spoke concerning legislative recommendations on prescription drug epidemic issues by the Indiana Prescription Drug Abuse Prevention Task Force. The Task Force's recommendation concerning the INSPECT program included: Requiring near real-time reporting of controlled substance dispensing to the INSPECT program; requiring that health information exchange systems explore integrating INSPECT data into their systems so that clinical decision support tools, such as NarxCheck, can be used; and changing the classification of Ultram to be a controlled substance so that the drug will have to be reported in the INSPECT repository.

John Kansky, Executive Director, Indiana Health Information Exchange (IHIE), spoke on the value of INSPECT program expansion, the health information exchange in Indiana, and the connection between the two programs. IHIE connects various healthcare providers to make sure patient information is available when and where it is needed. Benefits of IHIE include improving healthcare quality, enhancing safety, and reducing costs. The INSPECT program efficiently and securely aggregates medication data and makes it available to support patient care. The proposed INSPECT expansion would broaden the types of medications that are reported to INSPECT and available to IHIE.

Ben Evans, Legislative Director, Professional Licensing Agency, provided a brief overview of the INSPECT program and distributed materials concerning the program and its development.

## **V. COMMITTEE FINDINGS AND RECOMMENDATIONS**

The Commission discussed the fact that the preliminary drafts (PDs) were each individual topics that would be combined for the legislators on the Commission to file.

The Commission made the following recommendations:

PD 3305 - Methadone pain management protocol. Adopted 14-0.

Requires the Medical Licensing Board to adopt rules to establish standards and protocols for the prescribing of methadone for pain management.

PD 3307 - Addiction psychiatry development programs. Adopted 14-0.

Adds addiction psychiatrists to the list of professionals who may participate in certain mental health services development programs. Provides that addiction psychiatrists may receive loan forgiveness grants for not more than five years. Requires the Mental Health Services Development Programs Board to give priority to annually funding two addiction psychiatric residency positions. Provides that an addiction psychiatric residency participant must agree to establish a new practice in Indiana for at least five years upon completion of the addiction psychiatric residency position.

PD 3309 - Opioid treatment programs. Adopted, as amended, 14-0.

Requires the Division of Mental Health and Addiction (division) to establish standards and protocols for opioid treatment programs to do the following: (1) assess new opioid treatment program patients to determine the most effective but least addictive opioid treatment drugs to start the patient's opioid treatment; and (2) transition appropriate opioid treatment program patients who are receiving methadone for opioid treatment to less addictive opioid treatment drugs. Allows the division to grant a modification or waiver of the standards and protocols for a patient based on an evaluation and the treatment needs of that patient. Requires an opioid treatment program to follow the standards and protocols adopted by the division for each opioid treatment program patient. Provides a list of the drugs that may be used by an opioid treatment program as a less addictive replacement for methadone.

The amendment requires patients to be informed of the effects of the new drugs.

PD 3312 - Addiction program for women. Adopted 14-0.

Requires the Division of Mental Health and Addiction, in cooperation with the State Department of Health, to develop and implement a program that does the following: (1) Provides a manner of identifying the aggregate number of pregnant women in Indiana who are addicted to a controlled substance. (2) Provides for an effective means of intervention to eliminate the addiction of pregnant women to controlled substances prior to the birth of their children. (3) Provides for the continued monitoring of women, after the birth of their children, who were addicted to a controlled substance during their pregnancies, and provides for the availability of treatment and rehabilitation for those women.

PD 3343 - Mental health and addictions programs. Adopted 14-0.

Changes the name of the Mental Health Services Development Programs Board to the Mental Health and Addiction Services Development Programs Board (board). Adds three members to the board. Requires that the psychiatrist member of the board be certified in addiction psychiatry. Provides for the annual election of the chairperson and vice chairperson of the board. (Currently, the dean of the Indiana University School of

Medicine or the dean's designee serves as chairperson.) Requires the board to meet at least quarterly each year. (Currently, the board must meet at least twice a year.) Requires the board to take action concerning the integrated behavioral health and addiction treatment development program with dual diagnoses treatment settings or the integrated behavioral health and addiction treatment psychiatry residency training track program. (Current law requires the board to take action concerning the public sector psychiatry development program or the training track program.) Adds psychiatrists pursuing fellowship training and certification in addiction psychiatry and addiction counselors to persons eligible for the loan forgiveness program. Allows recipients to work in state funded addiction treatment centers. Changes the names of the accounts that fund the loan forgiveness and development programs. Requires the State Department of Health to provide administrative support for the integrated behavioral health and addiction treatment development program account and the board. Makes conforming changes.

PD 3345 - INSPECT program reporting. Adopted, as amended, 13-1.

Provides that beginning January 1, 2015, the Indiana State Board of Pharmacy shall provide for the modification of the Controlled Substance Prescription Monitoring program to: (1) accept prescription drug information; and (2) monitor all prescription drugs; in the same manner as controlled substances. Provides that beginning January 1, 2015, any person who is required by the central repository for controlled substances data law to transmit controlled substance information to the Indiana Scheduled Prescription Electronic Collection and Tracking program (INSPECT) must submit all prescription drug information to the INSPECT program in the same manner as controlled substance information is transmitted.

The amendment provides that only controlled substances will be reported to the Indiana State Police.

PD 3356 - Methadone clinic reporting. Adopted, as amended, 13-1.

Requires that each time a designated controlled substance is dispensed, the dispenser at an opioid treatment program shall transmit certain information to the Indiana Scheduled Prescription Electronic Collection and Tracking program (INSPECT). Provides that the information is subject to federal patient confidentiality regulations. Requires the INSPECT program to receive the information from an opioid treatment program. Provides for the permissible uses of the information submitted by an opioid treatment program. Requires that the Board of Pharmacy adopt a rule requiring a practitioner to check the INSPECT program before initially prescribing a controlled substance to a patient and periodically during the course of treatment that uses a controlled substance. The Commission's amendments: (1) removed language in the PD concerning the collection of data by the INSPECT program and required the data to be provided to the Division of Mental Health and Addiction; (2) required DMHA to report the information to the Commission and the Health Finance Committee; and (3) required opioid treatment programs to check the INSPECT program with the Indiana Board of Pharmacy to adopt

rules concerning the frequency that INSPECT must be checked.

The Commission adopted the Final Report by a vote of 14-0.

## WITNESS LIST

Dean Babcock  
John Barnes  
Tim Bohman

Marty Cangany  
Kurt Carlson  
R. Andrew Chambers, M.D.  
Kelly Cuellar  
John Ellis, M.D.

Ben Evans  
Zoe Frantz  
Cathy Graham

Marianne Halbert  
Lindsay M. Harmon, M.D.  
Andrea Hern  
Sgt. Robert Hipple  
Larry Humbert  
Dr. Leslie Hulvershorn  
Michael Kempf  
John Kansky  
Lt. Tony Maze  
Stephen C. McCaffrey  
Kevin Moore  
Mike Rinebold  
Natalie Robinson  
James Ryser  
Mark St. John

Coby Smith  
Joshua Sprunger

Joseph Vanable  
David Waters  
Mike Woody  
Dr. Eric Wright  
Greg Zoeller

Midtown Community Health Center  
Indiana Department of Education  
Indiana Association for the Treatment of Opioid  
Dependency  
MSN  
Otis R. Bowen Center for Human Services  
Indiana University School of Medicine  
Mother  
ISMA & ISMA Task Force on Prescribing Pain  
Medications  
Professional Licensing Agency  
Terre Haute Regional Hospital  
Indiana Association of Residential Child Care  
Agencies  
NAMI of Indiana  
Indiana University Health -Methodist Hospital  
DMHA, Family and Social Services Agency  
Indianapolis Metropolitan Police Department  
Indiana Perinatal Network  
DMHA, Family and Social Services Agency  
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Mental Health America of Indiana  
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ISMA  
Office of the Attorney General  
Indiana University Health – Methodist Hospital  
Indiana Family Network & Indiana Coalition for  
Human Services  
Patient  
NAMI of Indiana & Connections to Care  
Workgroup  
NAMI of Indiana  
Pharmacist  
CIT International  
IUPUI  
Office of the Indiana Attorney General